



**STATE CORPORATION COMMISSION
BUREAU OF INSURANCE**

INFORMATION CONCERNING PURCHASING GROUP REGISTRATION

Thank you for your interest in being recognized as a qualified purchasing group in this Commonwealth. Virginia enacted a risk retention and purchasing group law effective July 1, 1987 ([Chapter 51 \(Section 38.2-5100 et seq.\) of the Code of Virginia](#)). A link to this law may be found on the Bureau's website at <http://www.scc.virginia.gov/division/boi/webpages/boiadministrativeltrs.htm>).

In order for your Purchasing Group to be recognized to purchase insurance for its Virginia members, the following information must be submitted. Please note that the Commission must be notified within ten days of any changes in the following items:

1. The name of the Group's state of domicile. Will the purchasing group do business in its domicile?
2. The names of any other states in which the Group intends to do business.
3. A statement of registration designating the Clerk of the State Corporation Commission as the Group's agent for purposes of receiving service of legal documents or process (form below; please file in triplicate).
4. The lines and classifications of insurance to be purchased.
5. The date of organization for the Group.
6. The similar or related liability exposure of Group members.
7. The Group's principal place of business and address.
8. The name, state of domicile, and business address of the insurance carrier that will provide insurance for the Group. Please note that the Group's carrier must be admitted in the state in which the Purchasing Group is domiciled or formed, unless the purchase is effected through a licensed agent or broker acting pursuant to the surplus lines laws and regulations of such state.

Purchasing Group Registration Information

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9. The method(s) by which, and the person(s), if any, through whom insurance will be offered to members whose risks are resident or located in this Commonwealth.
10. The name and telephone number of the Group's contact person.

In addition, please note the following:

If your Group is "domiciled" or "formed" in Virginia, your insurer, if admitted, will be contacted by the Property and Casualty Division's Rules, Rates and Forms Section for appropriate filing procedures. Purchasing groups NOT "domiciled" or "formed" in Virginia are exempt from the filing requirements for rules, rates and forms.

If your Group is "domiciled" or "formed" in Virginia, any agent or surplus lines broker MUST be licensed pursuant to Title 38.2 of the Code of Virginia.

If the Group is "domiciled" or "formed" in Virginia, all taxes due from the insurer or surplus lines broker must be paid to this State.

Questions relating to the registration of purchasing groups may be directed to:

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Insurance Senior Financial Analyst
Financial Analysis Section
Financial Regulation Division
(804) 371-9442
(804) 371-9511 (Facsimile)
kathleen.vanpaasschen@scc.virginia.gov

APPOINTMENT OF AGENT

For Appointment of Agent by a Purchasing Group doing business in Virginia under Chapter 51, Title 38.2 of the Code of Virginia.

KNOW ALL MEN BY THESE PRESENTS:

That _____,
a purchasing group domiciled in the State of _____,
by its duly authorized representative has agreed and by these presents do agree that upon and after providing notice to the State Corporation Commission of the purchasing group's intention to transact business in the Commonwealth of Virginia, any action or suit against the purchasing group arising out of or on account of the transaction of the business of insurance in the Commonwealth of Virginia may be brought in the city or county in which the cause of action arises or the claimant resides.

That _____,
by its duly authorized representative has further made, constituted and appointed, and by these presents do make, constitute and appoint the Clerk of the State Corporation Commission and his successor or successors in office, to be its true and lawful agent upon whom all legal process against the purchasing group in all actions or suits arising out of or on account of the group's transaction of the business of insurance in the Commonwealth of Virginia may be served, which service shall be binding upon the purchasing group.

IN WITNESS WHEREOF, _____,
the duly authorized representative of _____,
_____, acting on behalf of the purchasing group,
has executed this appointment, in triplicate, by affixing hereto the name of the purchasing group and his own name as the authorized representative of the purchasing group this _____ day of _____, 20____.

(AUTHORIZED REPRESENTATIVE)

SEAL

(TYPED NAME)

(TITLE)

ATTESTED BY: _____
(NAME)